

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

2004 JAN -8 AM 8:57

SECRETARY OF STATE  
IDAHO

1. The assumed business name which the undersigned use(s) in the transaction business is:

ABC Auto Clinic

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name Troy Kitt Brazelton Complete Address 2831 Pocatello Ave Am Falls ID. 83211

Mailing Address: P.O. Box 65 Am Falls, ID. 83211

3. The general type of business transacted under the assumed business name is:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

ABC Auto Clinic  
P.O. Box 65  
Am Falls, ID. 83211

5. Name and address for this acknowledgment copy is (if other than #4 above):

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-226-2424

Secretary of State use only

Signature: \_\_\_\_\_

Troy Kitt Brazelton  
(signature required)

Printed Name: Troy Kitt Brazelton

Capacity/Title: Owner

(see instruction # 5 on back of form)

\$ Corp Name Valn Form Valn Paid  
Per User 04/03/03

IDAHO SECRETARY OF STATE  
01/08/2004 05:00  
CK: 91812116250 CT: 150010 BH: 720596  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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